

**FORM VII**

Use this form if you are seeking to sit for a national examination for social work licensure.

**TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS**  
Examination Security Information Acknowledgement Form

Initial to indicate that you have read and understood the following statements:

\_\_\_\_ I understand that for security purposes I must apply for a license using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).

\_\_\_\_ I understand that I must possess an official identification card that identifies me by my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).

\_\_\_\_ I understand that in order to sit for the examination, I will be required to present a valid photo identification that identifies me using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.) and that the identification of my name must match exactly with my name as listed on the application.

\_\_\_\_ I have attached a copy of my photo identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail To:  
**Texas State Board of Social Worker Examiners**  
**P.O. Box 12197, Capitol Station**  
Austin, TX 78711-2197

Revised 3/1/07



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)